



Commonwealth
of Massachusetts

File with:

City or Town Clerk or Election Commission

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

By May 27th

RECEIVED AND FILED

DATE 5-28-13

TOWN CLERK

See attached

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 4 Date 20 Year 2013 Ending Month 5 Date 27 Year 2013

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Paula Nute

Full Name of Candidate (if applicable)

Treasurer/Collector

Office Sought and District

4 Pine City Rd. Caber

Residential Address

Tel. No. (optional)

Committee Name

Committee to Elect Paula Nute

Name of Committee Treasurer

Charlotte Lanniere

Committee Mailing Address

P.O. Box 246 N Caber 02355

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1305.06
Line 2: Total receipts this period (page 2, line 11) \$ 150.00
Line 3: Subtotal (line 1 plus line 2) \$ 1455.06
Line 4: Total expenditures this period (page 3, line 14) \$ 1454.06
Line 5: Ending balance (line 3 minus line 4) \$ 1.00
Line 6: Total in-kind contributions this period (page 4) \$
Line 7: Total (all) outstanding liabilities (page 4) \$
Line 8: Name of bank(s) used Rockland Trust

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

5/27/13

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

5-27-13

Date

Schedule A; Receipts

Date	Name & Address	Amount	Occupation & Employer
4/18/2013	Leonard Roby 41 Melanie Lane Craver	\$100.00	Retired
4/22/2013	Ellen Blanchard 238 Main St Carver	\$50.00	Director of Assessing
Total Receipts over \$50.00			
Total Receipts under \$50.00		<u>\$0.00</u>	
Total Receipts		\$150.00	

Schedule B; Expenditure

Date	To Whom Paid	Address	Purpose	Amount
4/24/2013	Santoros Pizza	Main St Carver	Feed Camp Callers	\$66.41
5/3/2013	Cambridge Offset Print	54 Creighton St Cambridge	Political Signs	\$1,350.85
Total Expenses over \$50.00				\$1,417.26
Total Expenses under \$50.00				<u>\$36.80</u>
Total Expenses				\$1,454.06

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7